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ABSTRACT

The follow-up study of 47 learning disabled children (mean age 9 years when first interviewed) focused on current reading ability, school status, and involvement with the police. The Ss had all attended a clinic for 2 1-hour sessions weekly for periods of from 5 months to 2 years. The Ss also participated in therapy groups and crisis intervention. At the time of the follow-up study the Ss' mean age was 15 years, and they had all been separated from the clinic for at least 2 years. Findings showed that none of the Ss had had a major encounter with the law, 81% were now functionally literate, and all were either in school or in paid employment. The results indicate that learning remediation may have an effect on the student that far transcends reading improvement, as the projection for this population without intervention is that approximately 1/3 would have had encounters with the law for antisocial behavior. (Author/PHB)

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PSYCHO-EDUCATIONAL INTERVENTION: IMPLICATIONS FOR LEARNING AND DELINQUENCY

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The Learning Disabilities and Reading Clinic at Coney Island Hospital has been providing academic therapy to learning disabled children for more than a decade. We report here the results of following up a group of former patients who had been separated from the clinic for at least two years. In addition to academic gains, an unexpected finding on follow-up was that, contrary to statistical predictions, no social delinquency was reported for any member of the follow-up group.

Children who attend the Learning Clinic (as it is known informally), have usually not yet learned to sound out or recognize simple words when they come to us. Without special assistance it may be predicted that they will be functional illiterates after they leave school. Learning-disabled children also show a great propensity for becoming school dropouts, for unemployment in later life, and for delinquency (Berman 1975, Mauser 1974, Miller 1971, Tarnopol 1970, Underwood 1976).

Our goals at the clinic are to help students maintain themselves in regular classes, and to help them achieve functional literacy. We also attempt to modify their behaviors so that they may relate in a constructive and positive fashion to their peers and their elders. With improved academic

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and behavioral skills they will be more adequately equipped to deal with the vicissitudes of daily life, eventually as independent adults. These are our minimal goals. At best, we look for productive, capable students who fulfill their potential in school, at the university, and in their work and personal lives.

We have used three criteria, at the time of follow-up, in assessing the status of our former patients. These are: Has the student achieved functional literacy? Is the student in school, employed, or employable? Has the student become unfavorably involved with the police?

DESCRIPTION OF GROUP

The follow-up inquiry involved children who had attended at least 50 tutorial sessions at the clinic, and had been away from the clinic for at least 2 years. Although 83 children satisfied these requirements, the families of 36 of the 83 had moved, leaving no forwarding address; thus, 47 children were available for follow-up inquiry.

Of the 47 children, 5 were girls. The socio-economic background of the group was relatively uniform, and at the low end of the economic scale. When they first appeared for educational therapy, the median age of these children was 9; their ages ranged from 6 to 16. Only 3 (7%) read at the fourth grade level or above (See Table 1) despite the fact that 31 (66%) of the children were at or above the chronological age considered normal for the 4th grade. Most of them had not yet "cracked the code" in reading. All of them demonstrated reading skills two years or more below the expected grade level.

Each of these children was learning-disabled*, presenting a variety of symptoms (Table 1). In addition, the children also exhibited behavioral and emotional problems of varying degrees. No other clinical or supplementary psycho-educational resources were available for 43 (91%) of these children at the time they were accepted for treatment.

PSYCHO-EDUCATIONAL TREATMENT AT THE LEARNING CLINIC

Each child, at the time of intake, was interviewed by an interdisciplinary clinical team consisting of a psychiatrist, a psychologist, a social worker and a special educator. In addition, a psycho-educational assessment was made of each child to obtain a profile of his skills and deficits. At the time these children entered treatment, the Wide Range Achievement Test was used to measure reading grade level. In addition, criterion-referenced tests of reading skills were administered; these avoided the use of percentile scores. With two exceptions, intellectual capacity was in the normal range or higher.

Children who attended the clinic for tutoring came for 2 one-hour sessions weekly on an outpatient basis during the school day. All of them were in regular class placement during the period of their contacts with the clinic. Of the 47 children who were followed up, 7 attended the clinic for 5 months, 25 attended between 6 and 12 months, 14 were in treatment between 12 and 18 months, and one attended for 24 months.

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* The definition of this term complies with that used in U.S. Public Law 94-142, Title 45, Part 121a, as amended.

In addition to tutoring, further assistance was provided for these children in the form of activity therapy groups and crisis intervention. Counseling on problems of management was made available to parents, though they were not required to be involved. Clinic staff met with siblings when appropriate. Efforts were made to modify the school environment by means of consultation with teachers and other personnel.

Altogether the group was tutored for an average of 5.2 months; a mean gain of 6.9 months of reading grade level, as measured on the Wide Range Achievement Test, was achieved. In addition, gains were made in decoding skills and in attitudes towards reading that were not reflected in these scores.

FOLLOW-UP RESULTS

At the time of the follow-up inquiry, these patients ranged in age from 11 to 23. The median age was 15. They had been separated from the clinic for at least two years; some had been away for as long as four or five years.

The status of the group at this time indicated:

1. Not one of these young people had had a major encounter with the law.

2. Thirty-eight (81%) of these young people were now functionally literate. Functional literacy was defined as mastery of the basic decoding skills, ability to read a newspaper with understanding, and to read job applications and instructions. Though these criteria are sufficient for

determining functional literacy, a score of fourth grade reading level or higher was used as a supplementary indicator of functional literacy. Reading grade level scores were based on the most recent standardized tests administered at school.

3. All 47 were either in school or in paid employment. 36 (77%) were still in school and 14 (32%) were working full or part time.

One had already been graduated from high school; ten (21%) of these young people had dropped out of junior high or high school; each of them was employed. In addition, 3 of those attending school were also working part time.

Several of the youngsters who had made slow progress in acquiring reading skills while at the clinic made rapid strides after leaving; this type of lag and unevenness in the rate of progress is commonly seen among children with learning problems.

DISCUSSION

EDUCATIONAL PERFORMANCE

Several follow-up studies of learning and reading disabled children are reported in the literature. In a study of 58 children, Gottesman et al. (Gottesman 1975) conclude that poor readers who have received special help continue to have reading difficulties throughout their school years, and that their reading achievement rate remains considerably lower despite remedial instruction or special class placement. Gottesman et al. used reading scores and percentile ranks as the sole measure of progress for these children. Their results were similar to those of other studies that they cite, and they

confirm that in many cases those who are learning-disabled may indeed suffer some lifelong handicap as measured by reading percentile rank. It should be kept in mind, however, that the reading percentile rank in itself does not adequately reflect the effectiveness of educational intervention in the case of reading-disabled children. More meaningful is the degree to which each student has been assisted in developing his individual configuration of strengths, of which reading skill may be only one component.

In fact, the absolute reading skills of the individual are far more important than percentile rank in determining whether he can cope successfully with life's requirements. There is an enormous difference between literacy and illiteracy, no matter how retarded the reading skills or how low the percentile rank. The individual who is able to read a newspaper, job instructions, and a television program schedule has crossed the barrier into functional literacy. These are more meaningful criteria than the amorphous and unreliable "grade level" concept.

One indicator of the value of our intervention, in terms of absolute reading scores alone, may be inferred from a report of a nationwide survey of 17 year old high school students issued by the National Assessment of Educational Progress (Right To Read 1976). The report states that 87% of all 17 year old high school students were functional literates in 1975. In disadvantaged urban areas, functional literacy was found to be 79%. Of the 47 learning disabled students followed up in this report, 38 (81%) were found to be functionally literate; thus, the literacy success in this learning-disabled group in the inner city was as great as that reported for the normal

population in disadvantaged urban areas. It could safely have been predicted that a learning-disabled group in either the general population or in a population of disadvantaged urban students would, without intervention, have a lower rate of functional literacy than that in the unselected population.

BEHAVIORAL PERFORMANCE

The possibility of the existence of a relationship between delinquency and early school failure has been noted by others. Thus, Poremba (Poremba 1966) found that 50% of the delinquent youth referred to the courts exhibited a specific learning disability, and Critchley (Critchley 1966) found 75% of young offenders in France were non-readers.

Based on confidential parent interviews, it was learned that no child in the follow-up group had been arrested by the police. It should be kept in mind that it was possible to reach only 47 of the 83 children eligible for the follow-up study. Nevertheless, this is a result which has deep significance and bears further study. It has been indicated that about 9% of the 13-16 year old general population are detected by the police for an offense that could lead to a judgment of delinquency (Doleschal 1973) (Figure 1a). In addition, in a delinquent population covering the same age group, about 50% are found to be learning or reading disabled. Thus, approximately 4½% of the 13-16 year old population may be predicted to be both delinquent and learning disabled (Miller 1971) (Figure 1b). Kephart reports estimates of the prevalence of reading disabilities in school age children that range from 15 to 20% (Kephart 1970) (Figure 1c).

It follows then that if 15 to 20% of the school age population are learning or reading disabled, and 4½% are known to be both delinquent and disabled (Figure 1d), then as many as one third to one fourth of the young people in this study might have been expected to be detained by the police for some asocial action (Figure 1d)*; this represents a group of between 11 and 15 youngsters. No such encounters with the police were reported. Even making allowance for the fact that parents may have concealed data on police contact, this is a result worthy of further study.

Gagne, in a fine review of research on delinquency and education (Gagne 1977) reports that "short term remedial reading programs, based on behavior modification principles, have shown remarkable success with delinquents. Programs which have combined reading remediation, token reinforcement, and group counseling have led to a lowering of the rate of recidivisim, improvement in delinquent behavior in regular classroom situations, and a changing of the delinquents' attitudes toward authority". Roman (Roman 1957) studied delinquents who were reading disabled, and found that, with improved reading ability, these delinquents achieved a better school adjustment.

Miller & Windhauser (Miller 1971) point out that if a delinquency-prone student experiences only failure at school, he looks to other sources for emotional satisfaction. These other sources may define success in ways that are both accessible to the student and ultimately harmful to both

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* This conclusion is based on the assumption that the learning disabled are evenly distributed in the school age population; even if the distribution is skewed, however, the conclusion would be qualitatively unaltered.

student and society. Though none of the studies quoted have dealt with the prevention of delinquency through purposeful remediation, serious thought must be given to the implications of our findings and those of others for the prevention of delinquency in learning disabled children. It may be that the area in which remedial intervention makes an outstanding contribution is in maintaining lawful and positive relationships between the individual and his fellow humans (Underwood 1976).

Perhaps as a result of their contact with clinic personnel and their acquisition of skills, youngsters learn that there is a group of adults that "cares". They learn how to handle school-related frustrations such as test taking, homework and report cards; they also learn how to apply their reading skills, minimal though they may be. They acquire a more constructive sense of personal power, effectiveness, and ability to effect change. By eliminating some of their frustrations and some of their negative behavior, they may be helped to gain some minimal sense of control over their own lives.

CONCLUSIONS

This is a retrospective study made on a clinical population that was not pre-selected. Our conclusions must therefore be considered tentative; nevertheless, we believe that these results are important, and that, at the very least, our experience should prompt further investigations.

As a result of the follow-up study of the educational and social status of a group of 47 former patients who had been tutored at the Learning and Reading Disabilities Clinic in the Psychiatry Service at Coney Island

Hospital, the following emerged:

1. 81% of these learning disabled young people achieved functional literacy. This was comparable to the literacy rate of the normal (non-learning-disabled) population in disadvantaged urban areas.
2. 77% of them were still in school. All who had left school were employed. 10% were at school and also working part-time.
3. According to parent reports, none of these young people had been involved with the police for infractions of the law, and therefore none of them could be classified as delinquent. A projection based on available statistics would have led to the expectation that approximately 1/3 of these students could have been predicted to have encounters with the law for anti-social behavior.

These results indicate that learning remediation may have an effect on the student that far transcends reading improvement. The focused, caring concern directed to the individual student not only brings greater learning success, but reestablishes the validity of the social contract. A more controlled study of this point is called for.

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/TABLE 1/

/SYMPTOMS PRESENTED BY CHILDREN AT TIME OF INTAKE/

SYMPTOMS	NUMBER
Hyperactive, distractible, short attention span	29
Distractible, short attention span but not hyperactive	8
Visual motor problems	23
Auditory perceptual problems	12
Concrete and literal thinking	26
Language problems	37
Shy and withdrawn	14
Additional descriptive terms:	
Stubborn, frightened, bewildered, sullen, hostile, moody, depressed, guarded, anxious, manipulative	

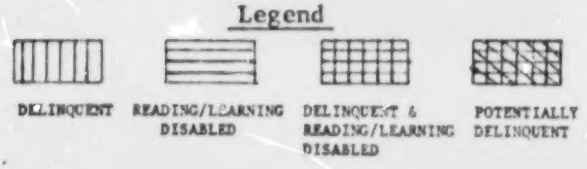
TABLE 2

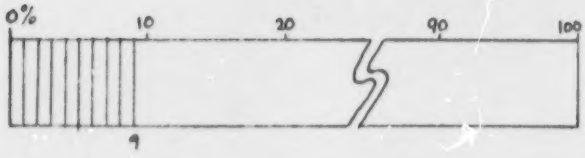
READING LEVELS

READING LEVEL	AT INITIAL CONTACT NUMBER	AT TIME OF CLINIC DISCHARGE NUMBER	AT TIME OF FOLLOW-UP NUMBER
Readiness	4	2	
First Grade	32	5	
Second Grade	6	14	9
Third Grade	2	11	
Fourth Grade or above	3	15	38

FIGURE 1

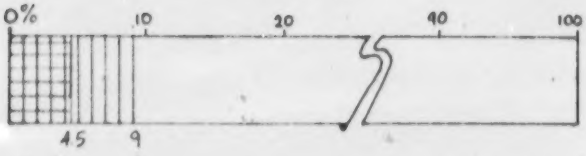
ESTIMATES OF DELINQUENCY AND READING AND LEARNING DISABILITY IN SCHOOL AGE POPULATION





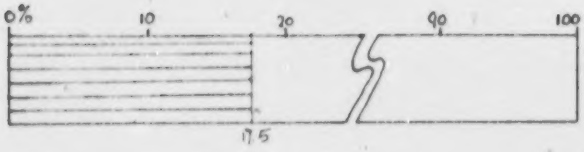
DELINQUENT:

a. 9% of 13-16 yr. old population are detected by police for delinquent offenses (Doleschal 1973). These are school age children.



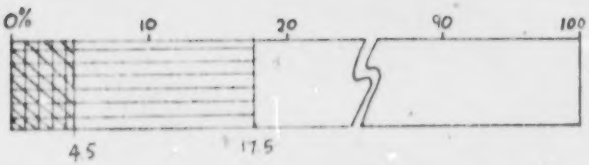
DELINQUENT AND LEARNING OR READING DISABLED:

b. 50% of delinquent population are estimated to be learning or reading disabled (Poremba 1966).



LEARNING DISABLED:

c. 15 to 20% of school age children are estimated to be learning disabled (Kephart 1970).
Note: The group of learning disabled students in (b) is part of the group in (c).



POTENTIALLY DELINQUENT:

d. Of the learning disabled students in (c), the part shown in (b) is designated as potentially delinquent. This proportion is estimated to be 1/3 to 1/4 of the learning disabled group.

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